

FINANCIAL STATEMENT OF CORPORATE DEBTOR

Submitted for Government Action on Claims Due To the United States

(Use Additional Sheets Where Needed)

Name (Debtor)			For Profit (Not for Profit (
Business Address		State	Zip
Street		State	, <u></u>
Note: Attach Schedule of all Business A			
Foreign	Domestic		
Legal form of business organization dur	ing last five (5) years.	,	
Corporation		Subchapter S C	Corporation
Partnership		Proprietorship	
Limited Liability Compa	ny	Trust	
Other?			
State of incorporation			
Name of registered agent			
Address of registered agent		\$	
Name and address of principal stockhol shareholders, list only those with 5% or	ders. Number of share	s owned by each.	
Total outstanding shares			
<u>Name</u>	A	ddress	Share
(1)			
			<u> </u>
(2)			
•			-
(3)			

		<u>Name</u>			Address		Shares
	(4)						
	(5)						**************************************
	(6)		· · · · · · · · · · · · · · · · · · ·	***************************************			
	(7)						
9.	(A)	Name and address of by each. (If more to	of curren han 7 sha	t (and for previou reholders, list on	s five years) officer ly those who had 59	rs and number % or more own	of shares held ership)
		<u>Name</u>		Address		Shares	Terms
	(1)						
	(2)						•
	(-)					****	
•	(3)						
	(4)						
	(5)			*		-	
	(3)		***************************************			***************************************	-
	(6)		· · · · · · · · · · · · · · · · · · ·				
	(7)						

	Name	Address Address	Shares	Ten
(1)		·		
(2)				
(2)				
(3)				
(4)	,			
(5)				<u> </u>
				•
(6)				
(7)		·		
• •				
Has t	his organization ever issus, list date, number, and t	ed a prospectus for the sale of stock? ype of shares for each prospectus duri	YES () NO ().	rs.
	Registration on nationa	it or local stock exchange(s). (Give de	etails, including dat	e of
(A)	registration and/or deli			

	Type of	Shares	Total Shares	Book Value	Market Valu
	(1)			*.	
	(2)				
	(3)				
	(4)	************************			·
(C)	Total outstanding	shares of e	ach type of stock curr	rently being held as t	reasury stock.
		······································	· · · · · · · · · · · · · · · · · · ·		
		·		*	
(D)	Total outstanding	shares of ea	ich type of stock.		
					,
(E)	Amount of bonder	debt and n	rincipal bondholders.		
(L)	iniount of bondo	a deor and p	incipal conductions.	•	
List st	ates and municipali	ties to which	n taxes have been paid	d and/or are being pa	id. Describe na
	nount of such taxes,	state most	recent year of paymer	nt thereof and whether	er tax payments
and ar	t.				
	t.			-	
	t.		· · · · · · · · · · · · · · · · · · ·	-	

12.	Has this organization filed United States income tax returns during the last 5 years? Yes () No ()
	To which Internal Revenue Service Office(s)
	What years?
	Are Federal tax payments current? Yes () No ()
	Provide income tax returns for the latest five (5) years.
13.	Name and address of:
	(A) Organization's Independent Certified Public Accountants
	(B) Attorney(s) retained by organization from:
	То
14.	Has this organization filed financial forms with any organization or government entity? List na of organization or entity, date and type of financial form.
14.	Has this organization filed financial forms with any organization or government entity? List na of organization or entity, date and type of financial form.
14.	of organization or entity, date and type of financial form. Does this organization have financial statements (i.e. income statement, balance sheet, statement
	Does this organization have financial statements (i.e. income statement, balance sheet, statement changes in financial position etc.) for the five most recent calendar or fiscal years? YES () No
	of organization or entity, date and type of financial form. Does this organization have financial statements (i.e. income statement, balance sheet, statement
	Does this organization have financial statements (i.e. income statement, balance sheet, statemer changes in financial position etc.) for the five most recent calendar or fiscal years? YES () Note that the submit one copy of each. (Audited or certified financial statements are preferred). If
	Does this organization have financial statements (i.e. income statement, balance sheet, statement changes in financial position etc.) for the five most recent calendar or fiscal years? YES () Notice of the five most recent calendar or fiscal years? YES () If yes, submit one copy of each. (Audited or certified financial statements are preferred). If financial statements are submitted, answer only questions (2)(a), (2)(b), and (3)(a).
	Does this organization have financial statements (i.e. income statement, balance sheet, statemer changes in financial position etc.) for the five most recent calendar or fiscal years? YES () Notifyes, submit one copy of each. (Audited or certified financial statements are preferred). If financial statements are submitted, answer only questions (2)(a), (2)(b), and (3)(a). (1) Assets Amounts
	Does this organization have financial statements (i.e. income statement, balance sheet, statement changes in financial position etc.) for the five most recent calendar or fiscal years? YES () Notes that the statements are preferred financial statements are preferred. If financial statements are submitted, answer only questions (2)(a), (2)(b), and (3)(a). (1) Assets Amounts Years Years
	Does this organization have financial statements (i.e. income statement, balance sheet, statemer changes in financial position etc.) for the five most recent calendar or fiscal years? YES () Notifyes, submit one copy of each. (Audited or certified financial statements are preferred). If financial statements are submitted, answer only questions (2)(a), (2)(b), and (3)(a). (1) Assets Amounts Years Cash \$

Existing Facilities	\$				
Equipment	\$				
Original Cost				
·	\$				
Inventory	\$				
Accounts	s				
Other	\$		***************************************		
Total Assets	\$				
(2) <u>Liabilities and</u> <u>Stockholders</u> <u>Equity</u>	l Specify	Years			
Loans Payable			•		
Principal	\$			And the state of t	
Monthly Payments	\$			************************************	
Mortgages ²	•				
Principal	\$				
Monthly Payments	\$				
Accounts Payable	\$				
Deferred Taxes	\$	·········			
Insurance Premiums	\$				-

¹ Complete loan information as requested on page 8, under a) Loans Payable.

² Complete mortgage information as requested on page 8, under b) Mortgages Payable.

,				
	Other	\$		
	Stockholder's			•
	Common Stock	\$		
	Paid-in-Capital	\$		
	Retained Earnings	\$		
. .	Total Liabilities and Stockholder's Equity		·	
	a) <u>Loans Pa</u>	vable		
	Owed to/Pur	pose	Term/Interest Rate	Collateral/Cosigner
	1)			
,	2)			
	3)			Collateral/Cosigner
	Monthly Pay	<u>/ments</u>	Original Amount/Date	Collateral/Costener
	1)			
	2)			
	3)			
	b) Mortgag	es Payable		
	Owed to/Pu	rpose	Term/Interest Rate	Collateral/Cosigner
	1)			
	2)			
	3)			AND ADDRESS OF THE PARTY OF THE

	Monthly	Payments	Original Amount/Date	Present Balance
	1)			
	2)			
	3)			
	(3) <u>Income/E</u>	xpenses		
	Gross Inco	ome		
	Net Sales	\$	-	
	Interest Income	\$		
	Dividends	\$		
	Other	\$		
	Operating]	Expenses		
	Wages	\$		
	Overhead	\$		
	Lease Pmts	\$		
	Interest Expense	\$		
	Cost of Sales	\$		
	Net Income	\$		
	a) In additi	on, provide the f	ollowing firm size information:	
-	(1) Number	of employees		
	(2) Size of v	warehouse		
	(3) Number Of ship			

Banks	,	
Name of Bank	Account #	Balance (Approximate)
<u> </u>	_ 11	. Of the Ethics
	·	
Sovings & Loan Association	ons or Other Such Entities	
Savings & Loan Association	ons or Other Such Entities Account #	Balance (Approximate
		Balance (Approximate
		Balance (Approximate
Name of Entity		Balance (Approximate
Name of Entity Trust Account(s)	Account #	
Name of Entity		Balance (Approximate

16.

	Other Account(s)		
	Name of Entity	Account #	Balance (Approximate)
whats and th	Il commercial paper, negotiable of oever, presently in transit or in the organization's interest therein,	ne possession of any bank and state its present locat	ing institution. Describe such jon. List all accounts and loan
receiv	able in excess of \$300.00 and sp	ecify if due from an office	er, stockholder, or director.
		rate to the appropriate the trace	iding letters of credits, with an
other o	organization(s)? YES() NO(ribe all such agreements.
Other of	nis organization have any debt co) If yes, desc	
Other of	organization(s)? YES () NO () If yes, desc	ribe all such agreements.
Does the first all	organization(s)? YES () NO () If yes, descriptions insured by another organizations both domestic a	zation? YES() NO()

······································					<u> </u>	,
s this	s organization p	resently:				
(A)	Active (Answer no f	or inactive; but,				·
294 E.T.	still in busin		Yes ()	No ()	ervan i vande and die de Andre e
(B)	Void and/or t State authorit		Yes ()	No ()	
(C)	Otherwise dis	ssolved				
	l) Date					
	2) By wi	hom				
	3) Reaso	on				
(A) - years:	=	e salaries to and/or	drawings of the	following	personne	l for the last fiv
Positi (Inclu	ion iding officers)	Specify Year				
Presid	dent	\$				
Chair	man/Board	\$				
Secre	tary	\$, , , , , , , , , , , , , , , , , , , ,
Treas	surer	\$				

Name		Position	Spo	ecify Yea		······································	
l			<u> </u>				
2							
3.							
4			\$				·
5.							
said	orth any stoo persons.						
	persons.	al activity (fields of	activity result			SIC C	ode.
said	persons.		activity result			SIC C	
said t organization Primary	persons.	al activity (fields of	activity result			SIC C	ode.
et organization Primary Other 1.	persons.	al activity (fields of	activity result			SIC C	ode.
said	persons.	al activity (fields of	activity result			SIC C	ode.

state i	nis organization at any time been the subject of any proceeding un nsolvency law or the Federal Bankruptcy Act, as amended? , supply the following information as to each such proceeding:	YES() NO()	
(A)	Date (Commencement)		
(B)	Date (Termination)		
(C)	Discharge or other disposition, if any, and operative effect thereof:		
-			
(D)	State Court Federal Court		
	County	District	
(E)	Docket No.		
()			
	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when	n excess of \$500.00 e located:	
	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when	e located:	
(A)	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when	e located:	
(A)	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when	e located:	
(A)	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when the list and describe all judgments, recorded and unrecorded:	e located:	
(A)	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when the list and describe all judgments, recorded and unrecorded:	e located:	
(A)	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when the list and describe all judgments, recorded and unrecorded:	e located:	
(A)	List all real estate, and personal property of an estimated value is or under contract to be purchased by this organization and when the list and describe all judgments, recorded and unrecorded: Against the organization	e located:	

(C)	List and describe all other encumbrances against real estate owned by the organization: (include but not limited to mortgages, recorded or unrecorded)
(D)	List and describe all other encumbrances (including but not limited to security interest, whether preferred or not) against any such personal property owned by the organization as i listed in 28 (A) above.
•	
(E)	List and describe location of real state, including real estate being purchased under contract, with name and address of seller and contract price:
forth- has a under	Il life insurance, now in force on any or all officers, directors, and/or key employees, setting face amounts, names of life insurance companies and policy numbers where this organization a "insurable interest" and/or is paying the premium or part of same. Where applicable, indicate which policy(s) this organization is a beneficiary, type policy(s), yearly premium and location licy(s). In addition, describe the conditions of and borrowing options available under each
	
P. For th	e following types of policies, list all primary and excess insurance policies, the deductible

amounts, per occurrence and aggregate coverage limit for each policy. List all policies held by the firm (or predecessor firms) starting from the date which the pollution incident began. Include the name and address of each insurer, policy numbers and the effective dates for each policy

Environmental impairment		*************	e de la companya de l	
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Other policies for which co	,	including participa		entio
	verage might apply	including participa	tion in risk rete	entio
Other policies for which co	verage might apply	including participa	tion in risk rete	entio
Other policies for which copools.	verage might apply	including participa	tion in risk rete	entio
Other policies for which copools.	verage might apply	including participa	tion in risk rete	entio
Other policies for which copools.	verage might apply	including participa	tion in risk rete	entio

30. List all transfers of any and all assets, real and/or personal property (over \$300.00) made by this

organization <u>OTHER THAN IN THE ORDINARY COURSE OF BUSINESS</u>, during the last three (3) calendar years and state to whom transfer was made. Describe compensation paid by recipient and to whom.

	Amount	Transferred	To Whom	Co of
	979-780-780-780-780-8-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	,		
Is this corpor If yes, give d	etails below	y lawsuit now pending?		
*				-
		·		
lease list nar	mes and addresses	of any persons or other b	usiness entity, holding fur	nds in
Please list nar	mes and addresses organization, or an	of any persons or other b ay of its subsidiaries or aff	usiness entity, holding für iliates.	nds in
Please list nar	mes and addresses organization, or an	y of its subsidiaries or aff	usiness entity, holding fur iliates.	nds in
Please list nar	organization, or an	y of its subsidiaries or aff	usiness entity, holding fur iliates.	nds in
Please list nar	organization, or an	y of its subsidiaries or aff	isiness entity, holding fur	nds in
Please list nar	organization, or an	y of its subsidiaries or aff	iliates.	nds in
rust for this o	organization, or an	y of its subsidiaries or aff	iliates.	nds in
rust for this o	organization, or an	y of its subsidiaries or aff	usiness entity, holding fur iliates.	nds in
rust for this o	organization, or an	y of its subsidiaries or aff	iliates.	nds in
rust for this o	organization, or an	y of its subsidiaries or aff	iliates.	nds in
rust for this o	organization, or an	y of its subsidiaries or aff	isiness entity, holding fur	nds in
Other informa	organization, or an	y of its subsidiaries or aff	iliates.	nds in
rust for this o	organization, or an	y of its subsidiaries or aff	isiness entity, holding fur	nds in
other informa	organization, or an	y of its subsidiaries or aff	isiness entity, holding fur	nds ir
Other informa	organization, or an	y of its subsidiaries or aff	iliates.	nds in

VERIFICATION AND AFFIDAVIT

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five (5) years imprisonment) and with knowledge that this financial statement is submitted by me as a responsible officer of this organization to affect potential action by EPA and the Department of Justice, I hereby certify that I believe I completely understand the above statement, and that it is a true and complete statement of all organization income and assets, real and personal, whether held in the company name or otherwise.

Date:		Affiant (Officer) Name
		processing and processing and an anomal and it was a common and the common and th
•		s :
	·	Corporate Position
		Signature